

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51	
2		1		1			52	
3		1		1			53	
4		1		1			54	
5		1		1			55	
6		5		1			56	
7		5		1			57	
8		5		1			58	
9		(1)		1			59	
10		1		1			60	
11	1		1				61	
12		(1)		1			62	
13		2		1			63	
14		5		1			64	
15		5		1			65	
16		(2)		1			66	
17							67	
18							68	
19							69	
20							70	
21							71	
22							72	
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33							83	
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36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	1		1				TOTAL IND.	
TOTAL DEP.		14		1			TOTAL DEP.	
TOTAL CLAIMS	1	14	1	1			TOTAL CLAIMS	